

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2021** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial LEOPOLDO		Last name NARANJO		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial BRIGIT I		Last name HENDRIX-NARANJO		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]				Apt. no. [REDACTED]	
City, town or post office. If you have a foreign address, also complete spaces below. [REDACTED]				State CA	
Foreign country name [REDACTED]				ZIP code [REDACTED]	
Foreign province/state/county [REDACTED]				Foreign postal code [REDACTED]	

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? ☐ Yes ☒ No

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1957 ☐ Are blind Spouse: ☐ Was born before January 2, 1957 ☐ Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ If qualifies for (see instructions):
				Child tax credit
if more than four dependents, see instr. and check here ▶				Credit for other dependents

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	39,270	
	2a	Tax-exempt interest	2a	b Taxable interest	2b	174
Standard Deduction for— • Single or Married filing separately, \$12,500 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions.	3a	Qualified dividends	3a	b Ordinary dividends	3b	40
	4a	IRA distributions	4a	b Taxable amount	4b	
	5a	Pensions and annuities	5a	b Taxable amount	5b	46,679
	6a	Soc. sec. ben.	6a	b Taxable amount	6b	19,752
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐			7	9,078
	8	Other income from Schedule 1, line 10			8	0
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			9	114,993
	10	Adjustments to income from Schedule 1, line 26 ▶			10	2,430
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶			11	112,563
	12a	Standard deduction or itemized deductions (from Schedule A)	12a	25,100		
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	600		
	c	Add lines 12a and 12b			12c	25,700
	13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
	14	Add lines 12c and 13 ▶			14	25,700
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- ▶			15	86,863

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

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Form 1040 (2021) **LEOPOLDO NARANJO & BRIGIT I HENDRIX-NARANJO**

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16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972	16	10,289
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	10,289
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	10,289
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax	24	10,289
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	4,120
b	Form(s) 1099	25b	849
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	4,969
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions ☐	27a	
b	Nontaxable combat pay election ☐ 27b		
c	Prior year (2019) earned income 27c		
28	Refundable child tax credit or additional child tax credit from Sch. 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	0
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	4,969
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	
b	Routing number		
d	Account number		
c	Type: ☐ Checking ☐ Savings		
36	Amount of line 34 you want applied to your 2022 estimated tax	36	
37	Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	5,396
38	Estimated tax penalty (see instructions)	38	76

RefundDirect deposit?
See instructions.**Amount You Owe****Third Party Designee**

Do you want to allow another person to discuss this return with the IRS? See instructions

Designee's

name **MARK A. STOCKDALE**

Phone

no. **916-372-7000**

Personal identification

number (PIN) **5343****Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

ELIGIBILITY SPECIALIST

Spouse's signature. If a joint return, both must sign

Date

Spouse's occupation

RETIRED

Phone no.

Email address

Preparer's name

Preparer's signature

Date

PTIN

Check if:

☒ Self-employed**Paid****Preparer****Use Only**Firm's name **MARK A. STOCKDALE CPA**Date **04/04/22**Phone no. **916-372-7000**Firm's address **2950 BEACON BLVD # 70****WEST SACRAMENTO**CA **95691-5031**Firm's EIN **53-4386**Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2021)